



SCHOLARSHIP APPLICATION FORM

Please Check the Scholarship being applied for					
Casper Roett Memorial Scholarship (Common Entrance Students)	<input type="checkbox"/>	Iclima Johnson Memorial Scholarship (CXC Students)	<input type="checkbox"/>	Levere Richards Scholarship (CAPE Students)	<input type="checkbox"/>
Barbados Community College Scholarship	<input type="checkbox"/>	Samuel Jackman Prescod Institute of Technology Scholarship	<input type="checkbox"/>	Winfield Belle Scholarship Scholarship (UWI Students)	<input type="checkbox"/>

- The eligibility and selection criteria of these scholarships are available on the website: <https://bwuccu.com/scholarships>
- You must complete all of the relevant information on this form
- You will be assessed base on your academic results as well as your personal essay
- You must submit all of the required documentation
- For application closing dates : refer to the website

How did you hear about our scholarship?

- Parent/ Guardian
 Email
 Website
 In the Credit Union
 Social Media
 School
 Other (Specify) _____

Applicant's Information

Member Account Number :		Sex - Male <input type="checkbox"/> Female <input type="checkbox"/>
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other _____	Surname	First Name: Middle Name (s):
Applicant's Address:		Date of Birth : / / Nationality:
Telephone (pref):	Other Telephone:	Mobile:
Email:		

Parent Guardian Details

Member Account Number :		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Other _____	Surname	First Name: Middle Name (s):
Applicant's Address:		Date of Birth : / / Nationality:
Telephone (pref):	Telephone (Work):	Mobile:
Email:		

Casper Roett Applicants

Secondary School Allocation : _____

Math Score: _____ English Score: _____ Composition Score: _____ Total Score: _____

Required Documents Attached? Grade Slip Essay **Secondary School Scholarships (Please check the appropriate box)****Iclima Johnson Memorial Scholarship CXC Applicant Levere Richards C.A.P.E Applicants**

Secondary School : _____

Required Documents Attached : Grade Slip Essay

#	Subject	Year	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Tertiary Scholarships (Please check the appropriate box)**Barbados Community College Applicant Samuel Jackman Prescod Institute Applicants**

Programme Name & Type (Certificate /Diploma) : _____

Duration: _____ Start Date (dd/mm/yy): ____/____/____ Full Cost of Program : _____

Have you applied for or been awarded any other scholarship relevant to this course? Yes No Have you benefited from the Credit Union's Scholarship Program before? Yes No

If Yes, Amount _____

Required Documents:

Grade Slips Attached Pending Essay Attached Pending

Privacy and Student Declaration**General privacy statement**

The information collected on this form is used to assess your application for the selected scholarship. It is also used to create a record of applicants, to support statistical analysis and to inform you about any services or events of benefit to you. If you do not complete all the questions on this form, it may not be possible to process your application. Personal information may be collected or disclosed to, relevant bodies for the verification of your previous qualification and it may be disclosed to government agencies, as required by legislation. Due to privacy regulations, we are unable to disclose information to any other third parties such as friends, relatives and parents.

Declaration

I have read and understood the scholarship information provided by the Barbados Workers Union Credit Union Limited (BWUCUUL).

I warrant that the information on this form, or provided in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s might invalidate my application and that the BWUCCUL may withdraw an award. I understand that should the information be shown to be false at any stage, the scholarship will be terminated immediately and I will be liable to re-pay the BWUCCUL the total sum of any payments already made.

Should the BWUCCUL determine that I have submitted a false document, I consent to the BWUCCUL disclosing the information to other relevant tertiary institutions.

I consent to any educational institution, at which I have previously been a student and/or my current or any past institution, providing the BWUCUUL with information which that institution, holds about me for the purpose of the BWUCCUL verifying my grades and/or qualifications. I agree to abide by the statutes, regulations and policies of the BWUCCUL.

I have read and understood the above conditions and accept them fully.

Signature of applicant : _____

Signature of Parent/ Guardian : _____

Signature of Credit Union Employee : _____

General Information**Send your completed applications to:**

The Marketing Department
BWU Co-operative Credit Union Limited
Cnr. Fairchild & Nelson Streets,
Bridgetown, St. Michael
Email: marketing@bwucuu.com

Official Use Only

Member No: _____ Accept _____

Received by: _____ Reject _____

BSSE Slip Received CXC/CAPE/BCC/SJPI Slips/Documents Received Essay Received

Join date of member ____/____/____ (dd/mm/yy)

A/c Balance _____

Date Received by Board ____/____/____ (dd/mm/yy)

Board Secretary Signature: _____